U.S. Department of Labor Office of Labor-Manager lent Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U- 8271

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Kenneth J Brancaccio	Name Local 79
	Labor Organization File Number 540-323
P.O. Box, Bldg., Room No., if any 679	P.O. Box, Building and Room Number, if any 679
Street 520 8th Ave	Street 520 8th Ave
City New York	City New York
State New York ZIP Code + 4 10018	Or V/1
5. Position in labor, organization.	
Plesident Populario	SEPPER COSTILINATION OF THE SEPERATE SE
Enter appropriate data below if, during the past fiscal year, you or your	spouse or minor child directly or indirectly had any of the following interests
(except as specified in the ex	xclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
Trade Name, if any.	
P.O. Box, Bldg., Room No., if any	7.b, Amount,
Street	7.b. Amount.
City Annual City Annual City City City City City City City City	The state of the s
State ZIP Code + 4	officery for the control of the con
ું લાલ જ જાણ . છું શહુદભા છે જાદ જ જાણ S	etan B. Kasper on Perse on Statement Surger with Signature
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the	y of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the exection on penalties in the instructions.)
Giago Ithory for AIR OF CONT. 18-	
Signed Monal Af Diarcuccu	On 8/09/2005 212-465-7973 Telephone Number
Form LM-30 (2003)	

Name of Person Filing Kenneth Brancaccio	File	e Number u-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Schultheis & Panettieri Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 210 Marcus Boulevard City Hauppauge State New York ZIP Code + 4 11788	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	,	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Auditing firm for Loca	al Union	
Street	11.b. Approximate dollar value of	such dealing	\$42,000
City	12.a. Nature of interest held or	- fmvolomh	742,000
State ZIP Code + 4	Lunch Meeting July 14		
	12.b. Amount,		\$71
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		0000000	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

		The state of the s
Name of Person Filing Kenneth	Brancaccio	File Number U-

	O. Dusiness deale with:	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Greater New York L.E.C.E.T	a. Labor Organization	
Trade Name, if any:	4. 24801 O 34425	
P.O. Box, Bldg., Room No., if any	b. Trust	
Tursiaran naratan inatan ina anjin na	c. Employer	
Street 266 West 37th Street	and an end of the second of th	
City New York		
State New York ZIP Code + 4 10018		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	simmin in manus
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
generative state of the state o		**************************************
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	Annes expresses and the company of the policy of the second secon
	12.a. Nature of interest held or income received.	ucuncussaanummummummummummummummananana
	Various Business Meeting Luncheons	; 2004
	12.b. Amount.	\$271

		Ella Namela and I
Name of Person Filing Kenneth	Brancaccio	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Mason Tenders Training Fund	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any 501	b. Trust	
Street 75 Varick Street	c. Employer	
City New York		
State New York ZIP Code + 4 10013		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Various Conference related expeses	and meals 2004
	12.b. Amount.	\$425

Name of Person Filing Kenneth	Brancaccio	File Number U-
riame et electrime Keimech		

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Mason Tenders District Council PAC	a. Labor Organization	
Trade Name, if any:	Santana E	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 266 West 37th St	c. Employer	
City New York		
State New York ZIP Code + 4 10018		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	interpretation production in the state of th
Name		
Trade Name, if any:		
European various en la contra de la contra del l		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Construction Trades Dept. Legisla March 28-31,2004 Reimbursed expenses related to: h registration	
	12.b. Amount.	\$1,024

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name New York State L.E.C.E.T	a. Labor Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 18 Corporate Woods Blvd	c. Employer
City Albany	
State New York ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	New York State Laborers reimbursed expenses related to a Conference including: Hotel and meals.
	12.b. Amount. \$2,471